

FILED MAR 10 1942

Registration District No. **74**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis Park**
(c) Name of hospital or institution: **St. Mary's Hospital**
(d) Length of stay: In hospital or institution **3 Days**
In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **2129 South 12th St.**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **MR. OPTO K. KNECHT**

3. (b) If veteran, name war ******* 3. (c) Social Security No. **486-01-8237**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Clara Knecht** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **October 21, 1878**

8. AGE: **63** Years **4** Months **6** Days If less than one day

9. Birthplace **St. Louis Missouri**

10. Usual occupation **Diamond Setter**
11. Industry or business **Jewelry Company**

12. Name **FERDINAND KNECHT**
13. Birthplace **GERMANY**
14. Maiden name **CATHERINE SCHEIBLE**
15. Birthplace **GERMANY**

16. (a) Informant **Colara Knecht**
(b) Address **2129 S. 12th Street**

17. (a) **Burial** (b) Date thereof **March 3, 1942**
(c) Place: burial or cremation **New Bethlehem**

18. (a) Signature of funeral director **Reiderwieden P. H. Inc.**
(b) Address **1936 St. Louis Avenue**

19. (a) **MAR - 2 1942** (b) Registrar's signature **C. J. Mc...**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27th** year **1942** hour **10** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **10-28-41** to **2-27-42**
that I last saw him alive on **2-27-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of tonsil with metastases to neck**

Due to **indefinite**

Due to **459**

Other conditions **Apoplexy - left**

Major findings of operations **Carcinoma of left tonsil later metastases to both sides of the neck**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Charles J. Shaw** (M. D. **over**)
Address **3720 Washington** Date signed **3/28/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6/8
3

M.C.B.

MAR 12 1942

MAR 14 1942

Rev. Chas. F. Sherwin
Beaumont Bldg
3720 Washington

1-3 Sat.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wale Farness, Registered Apprentice No. *293*
working under my personal supervision.

Signed *William J. Kriffin*

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.